SENDER: COMPLETE THIS SECTION	COMPLETE TH'S SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signeture X Agent Addressee B. Received by (Printed Name) C. Date of Delivery
Article Addressed to:	D. Is delivery address different from item 1? If YES, enter delivery address below: No
Commissioner Richard Allen 301 S. Ripley Street	
Montgomery, AL 36104	3. Service Type Certified Mail
DGCV1131 C, ACLOP	4. Restricted Delivery? (Extra Fee)
2. Acticle Number 7006 (Transfer from service label)	2760 0002 8193 1002
DS Form 3811 February 2004 Demostic Por	hurn Doggint 100505 00 M 4540